

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		ADMITTED AMENDMENT		ACTIONED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		1				
4						
5		1				
6		1				
7						
8	1					
9		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	9					
TOTAL CLAIMS	14					

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						